



PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/051,619-Conf. #9011	
	Filing Date	October 29, 2001	
	First Named Inventor	Colin P. Britton	
	Art Unit	2175	
	Examiner Name	J. Abel	
Total Number of Pages in This Submission	1	Attorney Docket Number	103488-0005

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ENCLOSURES (Check all that apply)		
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<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	NUTTER MCCLENNEN & FISH LLP David J. Powsner
Signature	
Date	11/26/03

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Dated: 11/26/03	Signature: (David J. Powsner)



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PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Compleat if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/051,619-Conf. #9011
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Filing Date	October 29, 2001
		First Named Inventor	Colin P. Britton
		Examiner Name	J. Abel
		Art Unit	2175
		Attorney Docket No.	103488-0003

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																									
<input type="checkbox"/> Deposit Account: Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		DEC 04 2003 Technology Center 2100																																									
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	David J. Powsner	Registration No. (Attorney/Agent)	31,868
Signature		Telephone	(617) 439-2000
		Date	11/26/03

Fee Transmittal	
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